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REPORT OF RECEIPTS SECRETARY OF THE SENATE AND DISBURSEMENTS

14 NOV 14 PM 2:00

FORM 3	For A	An Authorized	Committe	е	14 10		Office Use	Only	
NAME OF COMMITTEE (in	TYPE OR (PRINT ▼	Example over the	e: If typing, typ lines.	е	12FE4M5			
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	ı c/o CSI A	viation, Inc.	<u></u>			1 1 1 1			
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Check if dif than previous reported. (A	ferent Jsly Albuque	Albuquerque NM 87107							
2. FEC IDENTIFIC	CATION NUMBER ¥	<u>C</u> r	ry 🏝	 	S	TATE A		P CODE A	DISTRICT
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January	31 Year-End Report (Y	(c) 30-D	ay POST- Elec	ction Report fo	or the:		**************************************		***************************************
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Termina	tion Report (TER)	Elec	tion on	M M / D		~~~~ ~	11	in the State of	
5. Covering Period		5 / Y Y Y Y Y Y 2014	√ Ÿ t	through	M M M 06	/ D D /	2014		
I certify that I have e	xamined this Report a	and to the best o	f my knowled	dge and belief	it is true	e, correct and	d complete	-	
Type or Print Name	of Treasurer	ebecca M	1 Sanc	he2		- · · · · · · · · · · · · · · · · · · ·			
Signature of Treasure		cca M	Sanc	hy	Da	te 11	06		2014
	false, erroneous, or inc	omplete information	on may subjec	the person s	igning thi	is Report to t	he penaltie	s of 2 U.S.(C. §437g.
Office Use							FEC	FORM	3